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# **PATENT APPLICATION FEE DETERMINATION RECORD** Substitute for Form PTO-875

Application or Docket Number

9/577209

## **CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.10(a))		
TOTAL CLAIMS (37 CFR 1.10(c))	minus 20 =	
INDEPENDENT CLAIMS (37 CFR 1.10(d))	minus 3 =	

MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))

\* If the difference in column 1 is less than zero, enter "0" in column 2

## **SMALL ENTITY**

OR

## **OTHER THAN SMALL ENTITY**

RATE	FEE
	\$
x \$	
x \$	
x \$	
TOTAL	

RATE	FEE
	\$
x \$	
x \$	
x \$	
TOTAL	

## **CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT A	2/4/05	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	20	Minus	30	
Independent (37 CFR 1.16(d))	3	Minus	5	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

## **SMALL ENTITY**

OR

## **OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE
x \$	
x \$	
x \$	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
x \$	
x \$	
x \$	
TOTAL ADD'L FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	7-30	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	21	Minus	30	
Independent (37 CFR 1.16(d))	3	Minus	5	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDITIONAL FEE
x \$	
x \$	
x \$	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
x \$	
x \$	
x \$	
TOTAL ADD'L FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))		Minus		
Independent (37 CFR 1.16(d))		Minus		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDITIONAL FEE
x \$	
x \$	
x \$	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
x \$	
x \$	
x \$	
TOTAL ADD'L FEE	

\* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

First Presentation of Multiple Dependent Claim: (Total or Independent) is the highest number found in the appropriate box in column 1

This is not a "Final" form. It is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the entity who is to be paid by the PTO. This is not an application. Confidentiality is provided by 35 USC 422 and 37 CFR 1.14. This collection is necessary to complete the application, preparing, and submitting the completed application to the PTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

For more assistance in completing this form, call 1-800-PTO-8189 and select option 2